

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006550

Entity Name: SENTINEL INSURANCE COMPANY, LTD.

Current Principal Place of Business:

ONE HARTFORD PLAZA
HARTFORD, CT 06155

Current Mailing Address:

ONE HARTFORD PLAZA
HO-1-11
HARTFORD, CT 06155 US

FEI Number: 06-1552103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY	Title	ASST. VICE PRESIDENT
Name	BARNETT, KEVIN F	Name	SEITZ, HOLLY
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155
Title	ASST. SECRETARY	Title	DIRECTOR
Name	OLEKSAK, KEVIN	Name	STEPNOWSKI, AMY M
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155
Title	ASST. SECRETARY	Title	TREASURER
Name	KEMP, ELIZABETH	Name	JORENS, KATHLEEN E
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155
Title	DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	CHANDY, EAPEN A	Name	FISHER, MICHAEL ROSS
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN F. BARNETT

SECRETARY

03/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name HARNISH, CHARLENE
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155

Title ASST. SECRETARY
Name DOYLE, CHRISTOPHER
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155